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SERIAL NO. FILING DATE **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET** APPLICANT(S) (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AS FILED 1st AMENDMENT 2nd AMENDMENT IND. DEP. IND. DEP. DEP IND. IND. DEP. DEP. -28 TOTAL TOTAL IND. TOTAL DEP. TOTAL DEP. TOTAL 11.00 . 244

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM **PTO-1360** (REV. 3-78)

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